

**Political Organization  
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

**A For the period beginning** 01/01/2013 **and ending** 06/30/2013

**B Check applicable box:** ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

**1 Name of organization** MAINSTREET MERCHANTS FOR A BETTER NORTH CAROLINA **Employer identification number** 45 - 4057111

**2 Mailing address (P.O. box or number, street, and room or suite number)**  
601 SAINT MARYS STREET

**City or town, state, and ZIP code**  
RALEIGH, NC 27605

**3 E-mail address of organization:** toddb@ncrma.org **4 Date organization was formed:** 12/16/2011

**5a Name of custodian of records** TODD G BAITSHOLTS **5b Custodian's address** 601 Saint Marys Street  
RALEIGH, NC 27605 -

**6a Name of contact person** TODD G BAITSHOLTS **6b Contact person's address** 601 Saint Marys Street  
RALEIGH, NC 27605 -

**7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number**  
601 Saint Marys Street

**City or town, state, and ZIP code**  
RALEIGH, NC 27605 -

**8 Type of report (check only one box)**

- |  |   |
|--|---|
| <input type="checkbox"/> First quarterly report<br>(due by April 15)                           | <input type="checkbox"/> Monthly report for the month of:<br>(due by the 20th day following the month shown above, except the<br>December report, which is due by January 31) |
| <input type="checkbox"/> Second quarterly report<br>(due by July 15)                           | <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election)  |
| <input type="checkbox"/> Third quarterly report<br>(due by October 15)                         | (1) Type of election:   |
| <input type="checkbox"/> Year-end report<br>(due by January 31)                                | (2) Date of election:   |
| <input checked="" type="checkbox"/> Mid-year report (Non-election<br>year only-due by July 31) | (3) For the state of:   |
|  | <input type="checkbox"/> Post-general election report (due by the 30th day after general election)  |
|  | (1) Date of election:   |
|  | (2) For the state of:   |

**9 Total amount of reported contributions (total from all attached Schedules A)** ..... **9. \$** 0

**10 Total amount of reported expenditures (total from all attached Schedules B)** ..... **10. \$** 2554

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Todd Baitsholts

07/05/2013

**Sign  
Here**



Signature of authorized official



Date



**Schedule B Itemized Expenditures**

Schedule B

**Recipient's name, mailing address and ZIP code**NC Department of Revenue  
PO Box 25000  
Raleigh, NC 27601 -**Name of recipient's employer**

N/A

**Recipients's occupation**

N/A

**Amount of Expenditure**

\$ 32

**Date of expenditure**

05/13/2013

**Purpose of expenditure**

State Income Tax

**Recipient's name, mailing address and ZIP code**Internal Revenue Service  
Internal Revenue Service  
Cincinnati, OH 45999 -**Name of recipient's employer**

N/A

**Recipients's occupation**

N/A

**Amount of Expenditure**

\$ 22

**Date of expenditure**

05/22/2013

**Purpose of expenditure**

Federal Income Tax

**Recipient's name, mailing address and ZIP code**North Carolina Retail Merchants Association  
601 SAINT MARYS STREET  
RALEIGH, NC 27605**Name of recipient's employer**

N/A

**Recipients's occupation**

N/A

**Amount of Expenditure**

\$ 500

**Date of expenditure**

02/13/2013

**Purpose of expenditure**

Rent

**Recipient's name, mailing address and ZIP code**NCRMA Service Corp.  
601 Saint Marys Street  
Raleigh, NC 27605 -**Name of recipient's employer**

N/A

**Recipients's occupation**

N/A

**Amount of Expenditure**

\$ 2000

**Date of expenditure**

02/13/2013

**Purpose of expenditure**

Professional Fees